

**Rational Pharmaceutical Management Plus  
Trip Report: Assessment of Pharmaceutical Management and  
Quality of Care for Sexually Transmitted Infections in Health Facilities  
Located in Corridors of Hope Program Sites  
November 24 – December 18, 2003**

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## **About RPM Plus**

The Rational Pharmaceutical Management Plus (RPM Plus) Program, funded by the U.S. Agency for International Development (cooperative agreement HRN-A-00-00-00016-00), works in more than 20 developing countries to provide technical assistance to strengthen drug and health commodity management systems. The program offers technical guidance and assists in strategy development and program implementation both in improving the availability of health commodities—pharmaceuticals, vaccines, supplies, and basic medical equipment—of assured quality for maternal and child health, HIV/AIDS, infectious diseases, and family planning and in promoting the appropriate use of health commodities in the public and private sectors. This document does not necessarily represent the views or opinions of USAID. It may be reproduced if credit is given to RPM Plus.

## **Abstract**

In 2000, the U.S. Agency for International Development (USAID) established the Regional HIV/AIDS Program for Southern Africa (RHAP-SA). The purpose of the program is threefold: (1) to work with high-risk cross-border populations, (2) to support the development of national policies and, (3) to expand access to the information generated by the project (USAID/RHAP-SA 2002a). The primary focus of this program is the Corridors of Hope (COH) Initiative, which seeks to promote practical regional collaboration in the prevention, control, and mitigation of the HIV/AIDS epidemic in Southern Africa. USAID/RHAP requested the assistance of the Rational Pharmaceutical Management Plus Program to assess pharmaceutical management, including drug availability and drug use, as a key component of overall quality of care with regard to STI services. This document is a trip report; details on assessment findings and recommendations will be documented in the assessment report.

## **Recommended Citation**

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## **Key Words**

Assessment, monitoring, evaluation, STI, sexually transmitted infection, assessment, pharmaceutical management, USAID/RHAP, quality of care

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## **Acronyms**

CARE	Cooperative for Assistance and Relief Everywhere, Inc.
COH	Corridors of Hope
IMPACT	Implementing AIDS Prevention and Care Project
MEASURE	Monitoring and Evaluation to Assess and Use Results Project
PMTCT	Prevention of Mother to Child Transmission
PSI	Population Services International
RHAP	Regional HIV/AIDS Program
RPM Plus	Rational Pharmaceutical Management Plus
STI	sexually transmitted infections
USAID	United States Agency for International Development
VCT	Voluntary Counseling and Testing



## **Background**

In 2000, the U.S. Agency for International Development (USAID) established the Regional HIV/AIDS Program for Southern Africa (RHAP-SA). The purpose of the program is threefold: (1) to work with high-risk cross-border populations, (2) to support the development of national policies and, (3) to expand access to the information generated by the project (USAID/RHAP-SA 2002a). The primary focus of this program is the Corridors of Hope (COH) Initiative, which seeks to promote practical regional collaboration in the prevention, control, and mitigation of the HIV/AIDS epidemic in Southern Africa.

Because the well-developed road corridors in Southern Africa facilitate the migration and movement of millions of people across multiple borders, they also facilitate the spread and negative impact of HIV/AIDS and sexually transmitted infections (STIs). Border areas and truck stops along these road corridors play an important role in the spread of the dual epidemics. Currently, eight countries participate in the COH initiative with 33 program sites. The core activities of this initiative include STI prevention and treatment interventions, condom social marketing, and the promotion of behavior change.

USAID RHAP has identified the management of STIs as a key component of its regional strategy to managing HIV/AIDS. However, there are some questions regarding the feasibility of effectively managing STIs in Southern Africa. To successfully implement the cross-border initiative, STIs must be managed effectively. For USAID RHAP, the following have been identified as key indicators of successful STI management as a component of the cross-border initiative:

- constant availability of drugs and related commodities in stock,
- ability of target populations to recognize symptoms and seek care
- appropriate diagnosis and treatment of patients
- peer educators trained on STI prevention and treatment

Previous research and anecdotal evidence indicates inconsistent availability of commodities among program sites. Drug distribution to the sites is currently not under the control of the COH program. In addition, it is unclear whether the appropriate drugs are being procured for the STIs relevant to the cross-border populations.

USAID RHAP has requested the assistance of the Rational Pharmaceutical Management Plus Program to assess pharmaceutical management, including drug availability and drug use, as a key component of overall quality of care with regard to STI services. This document is a trip report; details on assessment findings and recommendations will be documented in the assessment report.

## **Purpose of Trip**

Sandhya Rao (Monitoring, Evaluation and Research Manager), Marion Lynders (Program Associate) and San San Min (Principal Program Associate) conducted an assessment of

pharmaceutical management and quality of STI services in Lesotho, Swaziland, and South Africa at Corridors of Hope program sites.

### **Scope of Work**

- Assess drug availability at COH sites; determine root causes of unavailability of drugs
- Assess the capacity of referral clinics to appropriately manage STIs among referred clientele
- Assess the ability of RHAP to successfully realize the STI indicators identified for program monitoring
- Develop recommendations relevant to USAID RHAP program to facilitate successful implementation of STI management interventions
- Brief/debrief USAID officials, upon request



## **Activities**

### **Preparation and logistics**

The RPM Plus team traveled to South Africa, Lesotho, Swaziland and Zimbabwe and visited 12 COH sites and 18 facilities which included health centers, public and private clinics, public laboratories and public and private pharmacies.

Prior to departure, project managers from three COH implementing agencies; Family Life Association of Swaziland, CARE and Center for Positive Care were contacted to determine the number and location of referral facilities at each site so that meetings and travel arrangements could be planned in advance. Representatives from key USAID/RHAP-SA implementing partners, (i.e. The IMPACT Project/Family Health International, PSI and MEASURE Evaluation Project/Tulane University) were asked for recommendations of government officials with whom the RPM Plus team should meet at the national, regional and district levels. Letters of authorization issued from the USAID/RHAP office stating the objectives of the assessment and facilitating introductions were distributed to all PHN officers at USAID country missions as well as ministries of health and local implementing partners. A more complete list of personnel contacted during this field trip may be reviewed in annex A.

#### **Travel Itinerary:**

Date	Location
20-22 Nov	Washington DC- Johannesburg
22-26 Nov	South Africa
27 Nov- 1 Dec	Lesotho
2-5 Dec	Free State province, South Africa
6-11 Dec	Swaziland
15 Dec	Beitbridge/ Zimbabwe
12-19 Dec	Limpopo province, South Africa

### **Meetings with USAID/RHAP partners**

USAID/RHAP held a regional strategic planning meeting, inviting partner organizations and USAID missions to a meeting held at the Sheraton Pretoria on November 24-25, 2003. RPM Plus was given the opportunity to speak with some of the partners and USAID officials during breaks and in the evenings to get acquainted and explain the purpose of the RPM Plus assessment. On one evening, RPM Plus made an informal presentation to a few of the partner organizations on the scope of the assessment to inform as well as to elicit feedback. Useful information was gathered during these informal meetings to make initial contacts and to further inform logistical arrangements and practical considerations regarding field data collection.

## **Brief/debrief USAID officials, upon request**

The team, together with RPM Plus Regional Technical Advisor Jean-Pierre Sallet, met with Michele Moloney-Kitts and Karen Kasan, USAID/RHAP, on Wednesday, November 26, to discuss the RPM Plus scope of work, assessment methodology, and logistics arrangements. During the meeting, expected deliverables were discussed and revised. USAID requested the following two deliverables from RPM Plus, to be funded under FY03 monies:

- Assessment report on quality of STI services and pharmaceutical management
- White paper on pharmaceutical management issues pertaining to STIs in RHAP focus countries

Given logistical challenges regarding timing, travel and country-specific situations, it was agreed that the assessment would be conducted in two phases. The first phase will cover Zambia, Zimbabwe, Lesotho and Swaziland. The second phase will cover Zimbabwe, Namibia, Malawi and Mozambique. The assessment report will be delivered in two sections. Section 1 will cover the first four countries and Section 2 will cover the second phase countries.

The initial scope of work was verbally revised during the meeting. In addition to the above-noted change in deliverables, USAID stated that it was not necessary for RPM Plus to develop a strategic plan for USAID pertaining to pharmaceutical management; recommendations to be written in the assessment report would fulfill this purpose. Also, USAID decided that the assessment of USAID/RHAP to successfully realize STI indicators was not needed. RPM Plus has not received a complete list of USAID indicators and after the briefing with USAID, will not deliver an assessment on indicators.

The team met again with USAID/RHAP office based at USAID Pretoria on December 12<sup>th</sup> 2003 for a debriefing. General findings of the STI assessments conducted in 12 facilities at eight COH sites in Free State South Africa, Lesotho and Swaziland were presented. These findings included giving some examples of STI service quality, drug management and laboratory facilities offered at the COH border sites.

In addition to reviewing the final report when it becomes available, USAID suggested convening a meeting of all the stakeholders to share the results of the assessment and discuss possible strategies for improving the delivery of STI services and treatment at the border sites.

## **Assess drug availability at COH sites; determine root causes of unavailability of drugs**

In each country, health facilities, associated warehouses and other relevant sources of STI commodities were visited to determine the availability of commodities. A comprehensive assessment tool using a standard indicator-based approach developed by RPM Plus was administered to assess pharmaceutical management at each health care facility. Interviews with nurses, pharmacists and pharmacy technicians were conducted to gain a greater understanding of the issues surrounding drug availability. Over fifty drug samples were obtained from public and

private pharmacies in all four countries and sent for quality testing in a laboratory in South Africa.

Data collection instruments focused on:

- a) Selection, procurement, quantification and ordering of STI commodities
- b) Availability (historical and actual) of a tracer list of STI-related pharmaceutical and related health commodities
- c) Storage conditions (including cold chain maintenance) for STI-related pharmaceutical commodities
- d) Availability of STI-related and cold chain equipment
- e) Affordability and quality of STI-related pharmaceuticals

### **Assess the capacity of referral clinics to appropriately manage STIs among referred clientele**

The quality of STI clinical services, availability of laboratory, VCT and PMTCT services were assessed at public and private clinics and laboratories at all COH sites. Data collection instruments were employed in order to ascertain the capacity of health facilities to appropriately manage STIs.

Data collection used a variety of methods, including:

- a) Observations of STI-related consultations
- b) Interviews with STI clients
- c) Interviews with STI health providers
- d) Medical record reviews

Annex C, the assessment protocol, contains more detail on assessment areas and methodologies for all aspects of the study.

### **Assess the ability of RHAP to successfully realize the STI indicators identified for program monitoring**

After discussion, USAID decided to rescind the request for this aspect of RPM Plus' scope of work. Please see the last paragraph under third bullet of this section for further explanation.

### **Develop recommendations relevant to USAID RHAP program to facilitate successful implementation of STI management interventions**

The RPM Plus team will analyze data gathered during the first phase assessment of four countries and will develop recommendations and include them in Section 1 of the assessment report (see above for explanation of Section 1 and 2 of the report). The same will be done for the phase 2 countries once data collection has been completed.



## **Next Steps**

- Complete qualitative and quantitative data analysis for phase 1 countries and complete section 1 of the assessment report.
- Arrange for consultant teams to collect data from phase 2 countries.
- Discuss dissemination strategies with USAID/RHAP.
- Conduct phase 2 assessment and complete section 2 of the assessment report.



## Annex A

### Principal Contacts, Partners, and Collaborators

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## Annex B

### Corridors of Hope Sites and Facilities Visited During Phase I of RPM Plus Assessment (November 24 – December 18, 2003)

Country	COH site	Facility Name	District
<b>South Africa</b>	Ficksburg	Phomolong health center	Thabomofutsonanya
		Masebatso health center	Thabomofutsonanya
	Ladybrand	Ikaheng health center	Mantsopa
	Messina	Nancefield Community health center	Vhembe
	Groblersburg	Ga-Seleka clinic	Waterburg
<b>Lesotho</b>	Maseru	Lesotho Defence Force clinic	Maseru
		Thamae clinic	Maseru
		Queen Elizabeth II Hospital	Maseru
	Maputsoe	Filter clinic	Maputsoe
<b>Swaziland</b>	Manzini	FLAS Adult clinic	Manzini
	Mbabane	National Referral Hospital	Mbabane
	Ngwenya	Motshane clinic	Ngwenya
	Lomahasha	Lomahasha clinic	Lubumbo
	Lavumisa	Lavumisa clinic	Shisalwini
<b>Zimbabwe</b>	Beitbridge	Dulibadzimo clinic	Beitbridge



## **Annex C**

### **RPM Plus STI Assessment Protocol for USAID/RHAP**

***DRAFT: November 2003 (not updated to reflect change in deliverables)***

#### **RPM Plus Assessment Protocol**

**USAID Regional HIV/AIDS Program, Southern Africa (USAID/RHAP-SA)**

**Assessment of Pharmaceutical Management and**

**Quality of Care for Sexually Transmitted Infections in Health Facilities Located in Corridors of Hope Program Sites**

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#### **I. Background**

In 2000, the U.S. Agency for International Development (USAID) established the Regional HIV/AIDS Program for Southern Africa (RHAP-SA). The purpose of the program is threefold: (1) to work with high-risk cross-border populations, (2) to support the development of national policies and, (3) to expand access to the information generated by the project (USAID/RHAP-SA 2002a). The primary focus of this program is the Corridors of Hope (COH) Initiative, which seeks to promote practical regional collaboration in the prevention, control, and mitigation of the HIV/AIDS epidemic in Southern Africa.

Because the well-developed road corridors in Southern Africa facilitate the migration and movement of millions of people across multiple borders, they also facilitate the spread and negative impact of HIV/AIDS and sexually transmitted infections (STIs). Border areas and truck stops along these road corridors play an important role in the spread of the dual epidemics. Currently, eight countries participate in the COH initiative with 33 program sites. The core activities of this initiative include STI prevention and treatment interventions, condom social marketing, and the promotion of behavior change.

USAID RHAP has identified the management of STIs as a key component of its regional strategy to managing HIV/AIDS. However, there are some questions regarding the feasibility of effectively managing STIs in Southern Africa. To successfully implement the cross-border initiative, STIs must be managed effectively. For USAID RHAP, the following have been identified as key indicators of successful STI management as a component of the cross-border initiative:

- constant availability of drugs and related commodities in stock,
- ability of target populations to recognize symptoms and seek care
- appropriate diagnosis and treatment of patients
- peer educators trained on STI prevention and treatment

Previous research and anecdotal evidence indicates inconsistent availability of commodities among program sites. Drug distribution to the sites is currently not under the control of the COH program. In addition, it is unclear whether the appropriate drugs are being procured for the STIs relevant to the cross-border populations.

USAID RHAP has requested the assistance of the Rational Pharmaceutical Management Plus Program to assess pharmaceutical management, including drug availability and drug use, as a key component of overall quality of care with regard to STI services.

This document serves to outline the scope of the assessment, the plan for data collection and analysis, resources, and a timeline for implementation. RPM Plus anticipates the development of instruments and the collection of data to follow directly from this document.

## **II. Assessment Objectives**

1. Assess drug availability at COH sites; determine root causes of unavailability of drugs
2. Assess the capacity of referral clinics to appropriately manage STIs among referred clientele
3. Assess the ability of RHAP to successfully realize the STI indicators identified for program monitoring
4. Develop recommendations relevant to USAID RHAP program to facilitate successful implementation of STI management interventions

## **III. Deliverables**

The following two deliverables relate directly to the assessment outlined in this protocol:

1. A **description of all sites including the quality, accessibility and availability** of STI services including access to drugs
2. A **report on the ability of RHAP to meet the identified indicators**, successfully detailing constraints as well as opportunities

RPM Plus has been requested to produce the following, based on the above deliverables:

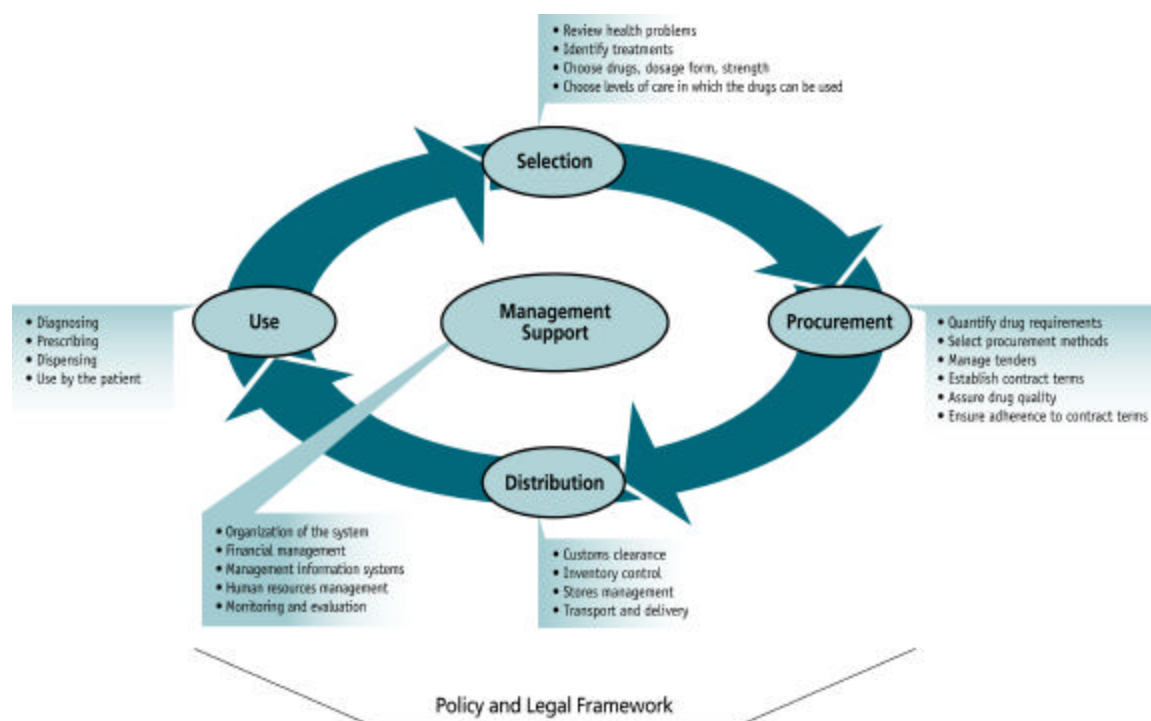
1. **Strategy and implementation plan for RHAP**, addressing weaknesses found during the assessment. The plan will, in particular, explore the feasibility of RHAP to purchase and disburse drugs among the programs appropriately, and will include recommendations to facilitate successful implementation of an STI management intervention. If appropriate, RPM Plus will also develop and submit waiver on behalf of RHAP for procuring pharmaceutical commodities.
2. A **White Paper for USAID/Washington** discussing the idea of STI management as a key indicator for programming in Southern Africa and if possible other areas.

## **IV. Definitions**

1. Pharmaceutical Management

Pharmaceutical management involves four basic functions, visually represented as a cycle below: selection, procurement, distribution and use. Selection involves reviewing the prevalent health problems, identifying treatments of choice, choosing individual drugs and dosage forms, and deciding which drugs will be available at each level of health care. Procurement includes quantifying drug requirements, selecting procurement methods, managing tenders, establishing contract terms, assuring drug quality and ensuring adherence to contract terms. Distribution includes clearing customs, stock control, stores management, and delivery to drug depots and health facilities. Use includes diagnosing, prescribing, dispensing and proper consumption by the patient. Each major function builds on the previous function and leads logically to the next. At the center of the pharmaceutical management cycle is a core of management support systems: organization, financing and sustainability, information management and human resources management. These pharmaceutical support systems hold the drug management cycle together.

The entire cycle rests on a policy and legal framework that establishes and supports the public commitment to essential drug supply.<sup>1</sup>



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<sup>1</sup> Management Sciences for Health, WHO. 1997. *Managing Drug Supply*. Second Edition. Kumarian Press.

## 2. Sexually Transmitted Infections

The following STIs were selected for this assessment as all five are treated in facilities located in Corridors of Hope program sites. Based on global prevalence data, chlamydia, gonorrhoea, syphilis and trichomoniasis are the most common curable sexually transmitted infections<sup>2</sup>.

- Chlamydia
- Gonorrhoea
- Pelvic Inflammatory Disease
- Syphilis
- Trichomoniasis

## 3. Quality of STI Services

The quality of STI services will be defined comprehensively for the purposes of this assessment. Quality STI services include appropriate case management (diagnosis and treatment), while serving as an entry point for prevention of further sexual risk behavior through counseling and education on disease prevention and referral to HIV testing services as well as a point of access to treatment facilities to other people at high risk of HIV / STI (partners, pregnant women for PMTCT and youth/adolescents whose needs are largely neglected).

Using the syndromic approach, the following four STI conditions will be studied:

1. Urethral Discharge syndrome in men
2. Genital ulcer syndrome in both men and women
3. Vaginal discharge syndrome (positive and negative risk assessment)
4. Lower abdominal pain syndrome

## V. Major Research Questions

1. What is the current quality of STI services?
2. What is the current availability of STI commodities and what are the root causes of unavailability?
3. Should USAID/RHAP begin purchasing STI commodities?
4. If USAID/RHAP does not provide STI commodities, should STI management be a key indicator for RHAP programming?

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<sup>2</sup> World Health Organization (WHO). 2001. *Global Prevalence and Incidence of Selected Curable Sexually Transmitted Infections Overview and Estimates*. WHO/HIV\_AIDS 2001.02. Geneva: WHO.

## **VI. Assessment Methodology**

### *Pharmaceutical Management*

Pharmaceutical management data on drug availability, management and use will be collected using a standard indicator-based approach developed by RPM Plus. Indicators will be based on clearly defined content areas such that data collection instruments are focused and relevant to USAID assessment objectives. Following a targeted desktop literature review (including the compilation of STI standard treatment guidelines for each country), data will be collected from sites in all eight countries participating in the COH initiative. In each country, health facilities, associated warehouses and other relevant sources of STI commodities will be visited to determine the availability of commodities and the capacity of each site to appropriately manage STIs. At each site, key informant interviews, physical observations and record reviews will be conducted to obtain the required information.

### *Quality of STI Services*

Data collection of the diagnosis and treatment of STIs by observation and validation by provider interviews has been widely used and proven to be feasible. Observation of interaction of care providers and clients and provider interviews will be the preferred method; however, if observations are not possible, alternative methods will be employed including provider interviews, client exit interviews, and record review (i.e., registers, patient records, encounter forms, etc.)

#### **1. Study Sites**

The table below is a compilation of information on COH districts obtained from key informants. This list is to be considered a draft as of November 6, 2003, until further confirmation of sites and facilities is obtained. This list will continue to be updated as information is obtained from local implementers. A final list of facilities and sites visited will be included in the assessment report.

Country	COH Sites	Implementing agencies	Facilities	Local implementers
South Africa (4)	Messina	CPC	Nancefield Community Health Center	Mashudu Madadzhe-Center for Positive Care <a href="mailto:mashudu@posicare.co.za">mashudu@posicare.co.za</a> Office: 27 15 963 2012 Cell: 27 82 785 0354
			District hospital	
			Freight Industry STD clinic	
	Groblesburg	CPC	Ga-Seleka Clinic	
			Alldays clinic	
	Ladybrand	CARE	Ikaheng Health Center	Ms. Masentle Semele-SHARP! Project Manager <a href="mailto:masentles@worldline.co.za">masentles@worldline.co.za</a> Office: 27 51 933 6381/27 82 7188198
	Ficksburg	CARE	Government clinics	
			Phomolong Health Center	
			Masebatso Health Center	
		Government clinics		
Lesotho (2)	Maputsoe-Leribe	CARE	Filter Clinic	Ms. Mamello Moleli-SHARP! Project Manager Office: 266 22 314 398 Cell: 266 58 863 698
			SDA clinic-private	
			LPPI clinic-private	
			Leribe hospital (STI clinic)	
			Leribe hospital (Youth Friendly Corner clinic)	
	Maseru		Lesotho Defence Force Clinic	
			Queen Elizabeth II Hospital (STI clinic)	
			QE II hospital-public (Youth Friendly Corner clinic)	
			Thamae Clinic	
			Security company-company clinic	
			CareWell clinic-private	
			Domiciliary clinic-public	
			Institute of Mines-company clinic	
Swaziland (6)	Mbabane	FLAS	National Referral Hospital	Ms. Khetsewi Dlamini-Family Life Association Swaziland. Office:268 505 3082 Cell: 268 602 0517 Jerome Shongwe-Family Life Association Swaziland. <a href="mailto:flas@africaonline.co.sz">flas@africaonline.co.sz</a> Office:268 505 3082 Scott Billy-Representative for Lesotho and Swaziland <a href="mailto:scott@sfn.co.za">scott@sfn.co.za</a> Tel: 27 83 450 6137
			Salvation Army public hospital	
			Municipal clinic	
	Ngweya	FLAS	Motshane Clinic	Dorah Dlamini-PSI tele: 268 5052157
	Manzini	FLAS	FLAS Adult Clinic	
			Occupational health clinic	



			Lobamba clinic-public	
			Nazarener hospital-NGO	
			Mhiba clinic-NGO	
			KS II clinic-public	
	Lavumisa	FLAS	Lavumisa Clinic	
	Lomahasha	FLAS	Lomahasha Clinic	
Malawi (1)	Mulange	Project HOPE	Mulange District hospital-public	Timothy Kachule-Project HOPE. Program Manager Cross Border Behavioral project. <a href="mailto:hopechaps@malawi.net">hopechaps@malawi.net</a> Office: 265 1 466247
			Mulange Mission Hospital-NGO	
			Banja Mtsongolo clinic-NGO	
			Lingalawe private clinic	
			Muloza health center-public	
			Namasalima health center-NGO	
Zambia (7)	Livingston	World Vision/SFH/JIC A	Boma clinic	Joseph Kamanga Senior Tech Officer (FHI) <a href="mailto:jkamanga@fhi.org.zm">jkamanga@fhi.org.zm</a> office: (260-1) 261 668/263 175 cell: 09676 46 92
	Chirundu		Drop in center	
	Kazangula			
	Nakonde		Drop in center	
	Chipata/Katete		Kapata clinic	
	Kapiri Mposhi		Kapiri hospital	
	Kasumbalaesa		Kakoso clinic, Chililabombwe	
Zimbabwe (7)	Beitbridge		1 district hospital, 3 clinics -Beitbridge clinic, Knott clinic, Dulibadzimo Clinic	Noni Gachuhi-Regional Coordinator COH Program office: 263 4 339 580 Cell: 263 91 294 315
	Mutare		ZNFPD clinic	
	Chirundu		Chirundu clinic	
	Victoria Falls		Chinotimba clinic	
	Hwange			
	Plumtree		Dingumuzi clinic	
	Nyamapanda		Nyamapanda Rural Health clinic	
Mozambique (3)	Ressano Garcia		Ressano Garcia health center	Mathilda Mapatsa <a href="mailto:mmapatse@psi.org.mz">mmapatse@psi.org.mz</a> office: 258 1 485 025
	Namaacha		Namaacha clinic	
	Matolo Cargo terminal			
Namibia (3)	Walvis Bay		Narraville clinic, Keisebmund clinic, Magulili Street clinic	Libet Maloney-PSI Program Manager. office: 264 61 244 936 cell: 264 81 253 0635
	Katima Molillo		Katima Mulilo STD clinic	
	Ohangwena		Ohangwena clinic	

2. Selection of Facilities to be Included in the Assessment

STI referral facilities located in Corridors of Hope sites will be included in the assessment. Depending on time and resources, if there are many referral facilities in a particular site, a selection of facilities may be taken. In such a situation, the criteria for selecting certain facilities will include the following:

- Patient load (STI clients)
- Distance from other facilities

3. Topic Areas

*Description of Sites:*

Facility infrastructure: exam room, consultation room, privacy

Services offered

Operating hours (general and for STI services)

Providers trained in STI management

Registers, records and forms available

Patient load

Services related to STI: consultation, pharmacy, IEC, lab services, prenatal care, VCT, PMTCT, ARVs

*Pharmaceutical Management:*

Selection

Quantification

Procurement

Quality assurance

Drug quality

Rational use of drugs

Storage and distribution

Inventory management

Drug availability

Information systems (quality of data, information flows, recordkeeping, etc.)

PMTCT (topics to be decided)

VCT (topics to be decided)

*Quality of STI Services:*

No. of Drs., Nurses / HCF

No. of HCP conducting STI services

Operating hours / day and no. of days / week

No. OPD and STI cases seen in the previous week

Convenient access for services

Privacy – both visual and audial

Existing desk registers, patient records and forms

Records of diagnosis and treatment of STIs, followup information, partner notification, referral for VCT

Lab services available/ referral

Routine STI screening and treatment in ANC

Availability of information, IEC for STIs,  
Latest/ updated STI guidelines / protocols present and in use  
Equipments and materials for conducting STI services available – exam, room, couch, light,  
gloves, speculum, condoms, etc. available  
Universal precaution procedures adhered  
Confidentiality / coding  
Formally trained staff for STI and HIV counseling  
Specific staff assigned / responsible for STI  
Interpersonal reaction with staff and client  
Attitude of staff to clients with STI  
History esp. sexual history and present STD related complaints  
Risk assessment  
Clinical and genital examination  
Speculum examination  
Use of flow charts and syndromic management in accordance to national, WHO guidelines on  
syndromic management  
Treatment of GUD in both men and women, urethral discharge in men, vaginal/cervical  
discharge in women and lower abdominal/ PID in women in accordance to any standard  
guidelines  
Prevention and safe sex counseling  
Counseling for compliance to treatment and partner notification  
Demonstration of correct method for condom use and provision of condoms  
Referral for VCT and PMTCT  
Formal training for laboratory staff  
Appropriate specimen collection, storage, transport  
RPR testing and turn out time for results  
Aetiological diagnosis by gram staining / cultures  
Cross checking for the quality assurance of results  
Lab. registers and confidentiality of results

*Ability of RHAP to Realize STI Indicators:*

Ability to collect data for RHAP indicators  
Ability to meet target values for indicators  
Constraints to meeting targets (need to incorporate into assessment)  
Opportunities to meet targets (need to incorporate into assessment)  
Appropriateness of indicators as proxy for RHAP performance

#### 4. Instruments

There will be approximately 8 instruments covering the topics outlined above. Some of the instruments stated below may be combined as required to facilitate efficient data collection.

- Central level questionnaire (includes central warehouse forms)
- Regional/ District questionnaire (includes regional/district warehouse forms)
- Local IA questionnaire (COH-specific questions, site description and referral questions)
- Facility description (together with Clinic Director questions)
- Pharmaceutical management facility instrument (including lab avail, cost of drugs)
- Drug quality form (applicable for public and private)
- Quality of STI service provision (including rational use of drugs)
- Quality of STI lab services
- Client Exit Interview (includes quality of dispensing)

#### 5. Tracer List of Drugs and Commodities

Pharmaceutical products for the STI COH site assessments were derived from standard treatment guidelines (STGs) for five STIs as stated above under section IV (chlamydia, gonorrhoea, syphilis, trichomoniasis and pelvic inflammatory disease). STGs reviewed for the development of this list were obtained from South Africa, Swaziland, Malawi, Namibia, Zimbabwe and Zambia.

Drugs & Commodities	Form	Strength	Sexually Transmitted Infection
<b>Drugs</b>			
Ampicillin	injectable	500mg	PID
Benzathine penicillin powder for injection	injectable	2.4MU	Syphilis
Benzylpenicillin powder for injection	injectable	2MU	PID, Syphilis
Cefoxitin	injectable	2g	PID
Ceftriaxone	injectable	250mg	PID, Syphilis, Gonorrhoea
Chloramphenicol	injectable	1g	PID
Ciprofloxacin	tab	500mg	Trichomoniasis, PID, Chlamydia, Syphilis, Gonorrhoea
Clindamycin	tab	150mg	PID
Cotrimazole	pessary	500mg	Trichomoniasis
Doxycycline	tab	100mg	Trichomoniasis, PID, Chlamydia, Syphilis, Gonorrhoea
Erythromycin	tab	500mg	Trichomoniasis, PID, Chlamydia, Syphilis, Gonorrhoea
Fluconazole	tab	150mg	Trichomoniasis
Gentamycin	injectable	80mg	PID
Gentian violet solution	topical		Trichomoniasis, Chlamydia
Imidazole	pessary	100mg	Trichomoniasis, Gonorrhoea
Kanamycin	injectable	1g	Trichomoniasis, PID, Chlamydia, Gonorrhoea
Metronidazole	tab	400mg	Trichomoniasis, PID, Chlamydia, Gonorrhoea

Norfloxacin	tab	400mg	Trichomoniasis, PID, Chlamydia, Gonorrhoea
Nevirapine			
Nystatin	pessary	100,000iu	Trichomoniasis, PID, Chlamydia, Gonorrhoea
Ofloxacin	tab	400mg	PID
Procaine penicillin	injectable	1.2MU	Syphilis
Spectinomycin	injectable	2g	Trichomoniasis, PID, Chlamydia, Gonorrhoea
Sterile water for injection	injectable	10ml vials	PID, Syphilis
Tetracycline	tab	250mg	Chlamydia
<b>Total=24</b>			
<b>Commodities</b>			
Alcohol swabs	box	100/box	
Reagent lab strips (TBD)	box	50/box	
HIV test kits (TBD)	kit	kit	
Examination gloves	box	50/box	
Needles 21G	box	100/box	
Syringes -10ml	box	100/box	
Syringes -5ml	box	100/box	
Condoms-Male	box	100/box	
Condoms-Female	TBD	TBD	
<b>Total=8</b>			

## 6. Key Indicators

Key indicators have been defined and data collection instruments will be developed to collect data to enable calculation of indicators. Standard drug management and service quality indicators will be calculated.

## 7. List of Team Members

**Sandhya Rao** is the Monitoring and Evaluation Manager for the RPM Plus program. She has over 10 years of professional experience related to operations and evaluation research of international public health programs. For RPM Plus, Ms. Rao develops and implements performance monitoring plans and provides technical assistance on pharmaceutical assessments and drug management information systems. Prior to joining MSH, Ms. Rao served as Research and Evaluation Officer for the USAID-funded DELIVER project, working primarily on the assessment of public sector pharmaceutical distribution and inventory management systems. She has worked in more than 14 countries and has lived in India, Guatemala, and Bolivia. Ms. Rao holds a Bachelor's degree in clinical psychology and Master's degree in International Public Health.

**Marion Lynders** is a Program Associate for the RPM Plus Program. She is a nurse with over 20 years of experience in international and domestic reproductive health, maternal and child health, and HIV/AIDS as a clinician, trainer, and manager. She provided technical assistance to Ministries of Health in Bahrain and India, nongovernmental organizations, private voluntary organizations, colleges, and international agencies in South East Asia, the Middle East and the United States. Working with the WHO/CDC Stop Transmission of Polio team in the state of

Uttar Pradesh, India, Ms. Lynders coordinated and strengthened on-the-job capacity among community health workers to maximize acute flaccid paralysis (AFP) surveillance methods and oversaw all aspects of AFP surveillance, Outbreak Response, and National Immunization Day preparations throughout the state. Ms. Lynders has a bachelor's degree in Nursing and a master's degree in Public Health.

**San San Min** is a Principal Program Associate with MSH. She is a public health physician and has worked for 11 years with the Ministry of Health in Burma providing clinical obstetrics and gynecology services. San San joined MSH after working for Médecins Sans Frontières (MSF) in Burma for nine years as a project manager for an urban displaced population. Dr. Min conducted baseline health surveys and implemented primary health care programs with integrated STD and HIV prevention and care services. Her work with MSF included providing technical assistance for the Burma project as well as to other in-country MSF projects in border areas with China, Thailand and Bangladesh for STD/HIV, TB and Malaria. In addition to project planning and implementation of program activities, she also provided clinical services, conducted recruitment and training of project staff, operational / budget management and provided supervision and management of project activities. She recently initiated a pilot ART program in Burma. Dr. Min received a Hubert Humphrey 2000-2001 fellowship and received a master's degree in International Public Health from Tulane University.

In addition to the above core team members, there may be other MSH staff members in certain countries who will identify local consultants and lead data collection efforts.

#### 8. Logistical Support

MSH/RPM Plus will hire transportation to reach sites. Sites may be reached by a combination of flight and car hire, depending upon distance and budget allowance. Letters of authority from USAID RHAP will be required to facilitate entry into countries and into health facilities. Local counterparts will be identified to accompany the team to facilities and to meetings with key informants.

### VII. Issues to Consider

Given the dynamic nature of the COH program, it is possible that the team may encounter changes in the program upon arrival at a particular site. For example, there may be sites that are not active in the provision of STI services. The team will be flexible and make changes to their itinerary as required.

Data collection instruments will be standardized to the extent possible prior to arriving in-country. However, instruments may be adapted slightly (particularly the tracer list) to accommodate in-country contexts.

### VIII. Data Analysis, Report Writing and Dissemination

Data will be analyzed using a combination of Microsoft Excel and SPSS. The data collection instruments will first be reviewed and cleaned for clarifications, inconsistencies and missing data (in the field). The instruments will then be brought back to Washington DC for data entry, indicator calculation and generation of tables. One report will be written by the team, which will include data for all countries and a summary analysis. If required, a preliminary report on a subset of countries may be submitted in draft form, pending request from USAID/RHAP. If necessary, MSH/RPM Plus will be able to disseminate the report and/or present the findings to stakeholders.

**IX. Timeline**

Data collection activities will be conducted from November 2002 – January 2003. Lesotho, South Africa, Zambia, Namibia and Swaziland data will be collected in November-December 2003. As dates are confirmed for the other countries, MSH/RPM Plus will update USAID/RHAP with a more detailed timeline.





## **Annex D: RPM Plus STI Assessment Instrument Overview**

<b>Instrument</b>	<b>Title</b>	<b>Where Implemented</b>	<b>Potential Respondent(s)</b>
A	National Level	MOH, MOF, Central Medical Stores	Relevant program managers, policymakers, COH partners
B	Regional and District Level	Regional/Provincial/District health offices	Regional/Provincial/District health management teams
C	Local Implementing Agency	Local Implementing Agency office at site location	IA staff coordinating or involved in Corridors of Hope Program
D	Facility Description	Health facility administration	Clinic/hospital director or in-charge
E	Facility Pharmaceutical Management	Health facility – consultation room, pharmacy, store	Health care provider, pharmacist, pharmacy tech, storekeeper
F	Drug Quality	Health facility, private pharmacy	Pharmacist, pharmacy tech, storekeeper, clerk
G	Quality of Clinical Services	Consultation room, doctors' office	Health care provider
H	Quality of Lab Services	Health facility laboratory, local reference lab where tests are done for study facilities (may be private labs)	Laboratory in-charge, laboratory technician
I	Client Exit Interview	Outside consultation room, waiting area, or outside the clinic	Male and female STI clients receiving services on day of visit